

PHYSICAL EXAM STATUS FORM
OCS/ WOC/ CHAP 2 PHYSICAL

NAME (LAST, FIRST MI) _____
RANK _____ SSN _____ - _____ - _____
SERVICE: ARMY AF NAVY MARINE COAST GUARD
UNIT _____ CELL PHONE _____
PHONE NUMBER - HOME _____ WORK _____
E-MAIL ADDRESS _____ - _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____

Please read the following Quality Control Statement: If you have problems or questions about your examination, please contact the NCOIC or the OIC prior to departing South Post Health Clinic.

EXAMINATION REQUIREMENT

DD 2808

ALL FILLED OUT _____

DD2807-1

ALL QUESTIONS ANSWERED _____

ALL QUESTIONS EXPLAINED _____

VITALS

BLOOD PRESSURE _____

PULSE _____

TEMPERATURE _____

HEIGHT/WEIGHT _____

HEARING RESULTS _____

VISUAL

ACUITY _____

COLOR _____

LAB WORK

CBC _____

DRUG _____

ALCOHOL _____

UA _____

HIV _____

RPR _____

HCG(FEMALE) _____

PAP(FEMALE) _____

() Check if exam is to be mailed to the above home address. Service member assumes responsibility for exams lost though the postal system.